

CITY OF ROCKLIN

**APPLICATION FOR A TEMPORARY PERMIT
TO DISPLAY AND SELL FIREWORKS**

APPLICATION MUST BE SUBMITTED TO THE FIRE CHIEF OR HIS DESIGNEE PRIOR TO **JUNE 9**

Only **SAFE AND SANE** fireworks as defined in Part 2, Division 11, of the State Health and Safety Code may be sold at temporary sales stands.

PLEASE PRINT OR TYPE:

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____
Street City State Zip

PRINCIPAL MEETING PLACE _____
Street City State Zip

LENGTH OF TIME AT THIS MEETING LOCATION _____ (mos./yrs.)

PHONE _____ NON-PROFIT TAX IDENTIFICATION NUMBER _____

LOCATION OF PROPOSED STAND* _____
(*Submit separate plot plan showing distances to any structure, roadway, utilities, and vegetation)

NAME OF FIREWORKS DISTRIBUTOR _____

ADDRESS OF DISTRIBUTOR _____

WHAT WILL BE THE DISTRIBUTION OF FIREWORKS NOT SOLD? _____

STATE FIRE MARSHAL'S PERMIT NUMBER _____

WILL A CLASS II MAGAZINE BE USED FOR STORAGE? YES ____ NO ____
(If NO, provide night watchman information below.)

NAME OF NIGHT WATCHMAN _____ AGE _____

ADDRESS OF NIGHT WATCHMAN _____ PHONE _____

LIST NAMES OF ADULT PERSONS WHO WILL ACTUALLY OPERATE STAND ON BEHALF OF THE APPLICANT (Minimum age 18 years, with at least one person over age 21 supervising)

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

PLEASE PROVIDE WRITTEN STATEMENT SHOWING PROPOSED DISTRIBUTION OF GROSS PROCEEDS:

ATTACH A SEPARATE LIST OF **EACH AND EVERY KIND** OF FIREWORKS PROPOSED TO BE SOLD.

NAME OF APPLICANT: (Print) _____

TITLE OF APPLICANT: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: (_____) _____

Signature of Applicant

CERTIFICATE OF INSURANCE TO BE RECEIVED PRIOR TO **JUNE 20**. INSURANCE SHALL BE AS REQUIRED BY PART 2, CHAPTER 3, SECTION 12608 OF THE STATE HEALTH AND SAFETY CODE.

THIS APPLICATION IS GRANTED _____ DENIED _____ SUBJECT TO THE CONDITIONS AS OUTLINED ABOVE AND ON THE FOREGOING PAGE, AND SUBJECT TO THE CONDITIONS ON THE ATTACHED INFORMATION PACKET. THE FOLLOWING CONDITIONS ALSO APPLY:

Rocklin Fire Department
4060 Rocklin Road
Rocklin, CA 95677
(916) 625-5300

Bart Petittclerc, Battalion Chief / Deputy Fire Marshal
Rocklin Fire Department